COSA Additional Criteria - Adult

Quick Reference Guide

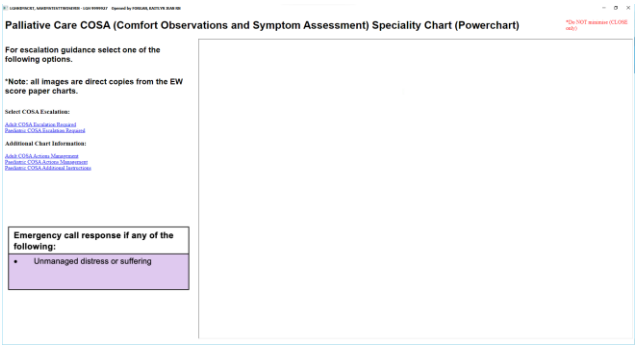
Following the documentation of the **Comfort Observations and Symptom Assessment (COSA),** a **Symptom Rating** will be calculated, and an alert will populate on the user's screen.

The clinician can navigate to **Additional Criteria**; a button on the **Managing Deterioration Page** that provides clinician with required actions and additional information in regard to symptom management.

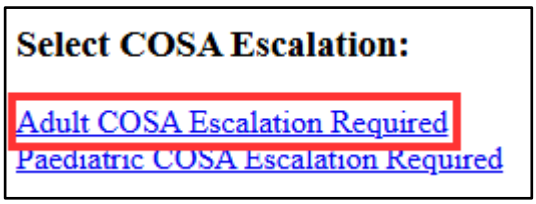
It prompts the clinician on the correct path of escalation dictated by the symptom rating of the patient.

To review the **Additional Criteria** for an adult patient that is prescribed a **COSA Specialty Chart:**

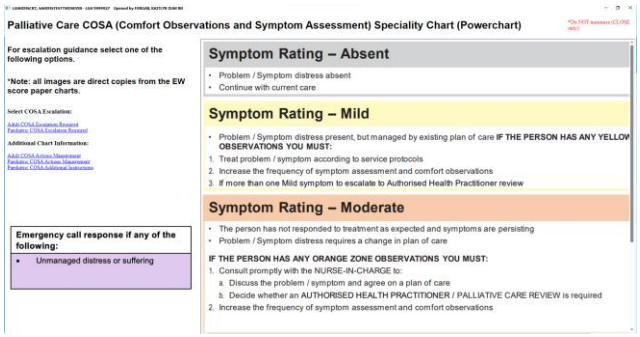
1. Navigate to the top right-hand corner and select the **Additional Criteria** button in the **Managing Deterioration** page.
2. The **Additional Criteria** fly-out window appears.
3. Clinicians are prompted: **For EW Score escalation guidance select one of the following**: by selecting one of the options it will populate the ***Escalation and Action*** requirements.

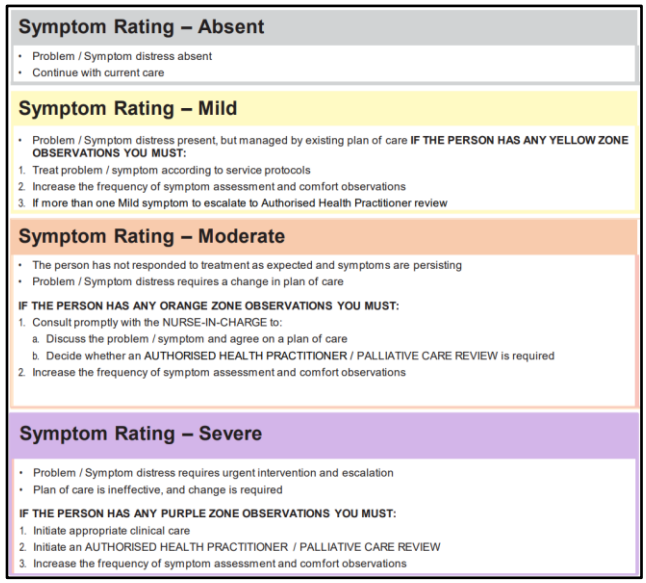


4. For **COSA Escalation** click the hyperlink for ***Adult COSA Escalation Required.***



5. The ***Adult COSA Escalation*** table populates on the left-hand side.





6. Clinicians will navigate the relevant section for the relating Symptom Rating and follow the instructions.

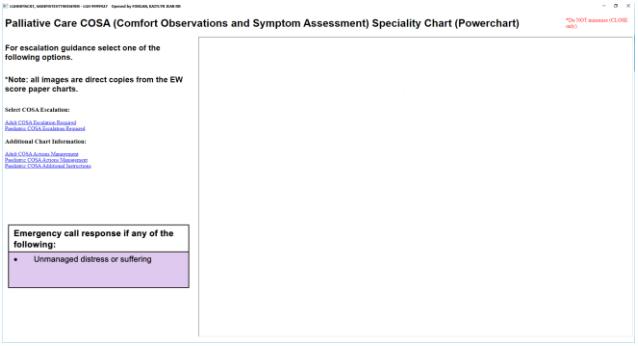
Note: Clinicians may escalate concerns at their discretion, regardless of the prompts in the escalations required.

7. ***DO NOT MINIMISE*** the **Additional Criteria** window; this will minimise the patient's chart.
8. Click the **X** in the top right-hand corner to return to **Managing Deterioration.**

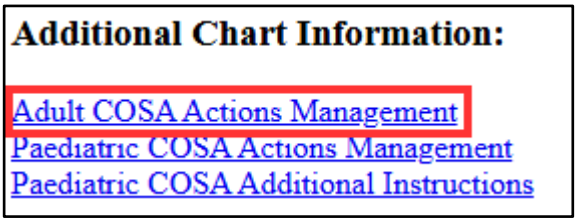
In addition to the **Escalation Required**, the **Additional Criteria** page also contains **Adult COSA Actions Management**

To access the **Adult COSA Actions Management:**

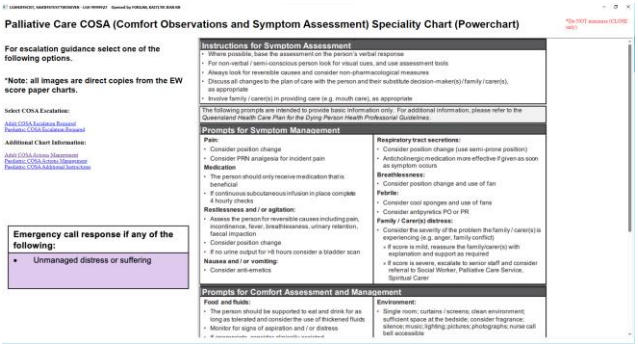
1. Navigate to the top right-hand corner and select the **Additional Criteria** button in the **Managing Deterioration** page.
2. The **Additional Criteria** fly-out window appears.
3. Clinicians are prompted: **For EW Score escalation guidance select one of the following**: by selecting one of the options it will populate the ***Escalation and Action*** requirements.

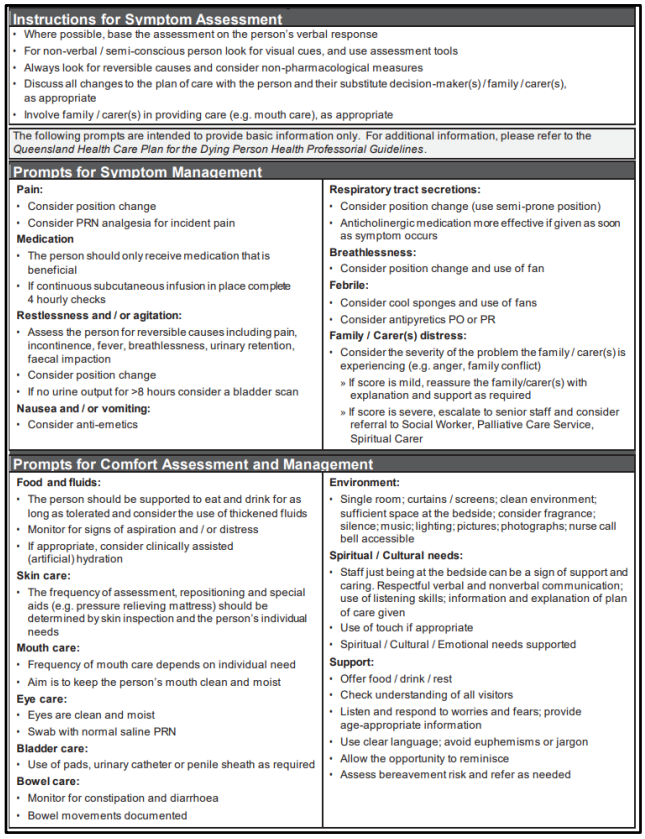


4. Click the hyperlink for the ***Adult COSA Actions Management.***



5. The ***Adult COSA Actions Management*** table populates on the left-hand side.





Instructions for Symptom Assessment

- Where possible, base the assessment on the person's verbal response
- For non-verbal / semi-conscious person look for visual cues, and use assessment tools
- Always look for reversible causes and consider non-pharmacological measures
- Discuss all changes to the plan of care with the person and their substitute decision-maker(s) / family / carer(s), as appropriate
- Involve family / carer(s) in providing care (e.g. mouth care), as appropriate

The following prompts are intended to provide basic information only. For additional information, please refer to the *Queensland Health Care Plan for the Dying Person Health Professorial Guidelines*.

Prompts for Symptom Management

Pain:
- Consider position change
- Consider PRN analgesia for incident pain

Medication
- The person should only receive medication that is beneficial
- If continuous subcutaneous infusion in place complete 4 hourly checks

Restlessness and / or agitation:
- Assess the person for reversible causes including pain, incontinence, fever, breathlessness, urinary retention, faecal impaction
- Consider position change
- If no urine output for >8 hours consider a bladder scan

Nausea and / or vomiting:
- Consider anti-emetics

Respiratory tract secretions:
- Consider position change (use semi-prone position)
- Anticholinergic medication more effective if given as soon as symptom occurs

Breathlessness:
- Consider position change and use of fan

Febrile:
- Consider cool sponges and use of fans
- Consider antipyretics PO or PR

Family / Carer(s) distress:
- Consider the severity of the problem the family / carer(s) is experiencing (e.g. anger, family conflict)
  - » If score is mild, reassure the family/carer(s) with explanation and support as required
  - » If score is severe, escalate to senior staff and consider referral to Social Worker, Palliative Care Service, Spiritual Carer

Prompts for Comfort Assessment and Management

Food and fluids:
- The person should be supported to eat and drink for as long as tolerated and consider the use of thickened fluids
- Monitor for signs of aspiration and / or distress
- If appropriate, consider clinically assisted (artificial) hydration

Skin care:
- The frequency of assessment, repositioning and special aids (e.g. pressure relieving mattress) should be determined by skin inspection and the person's individual needs

Mouth care:
- Frequency of mouth care depends on individual need
- Aim is to keep the person's mouth clean and moist

Eye care:
- Eyes are clean and moist
- Swab with normal saline PRN

Bladder care:
- Use of pads, urinary catheter or penile sheath as required

Bowel care:
- Monitor for constipation and diarrhoea
- Bowel movements documented

Environment:
- Single room; curtains / screens; clean environment; sufficient space at the bedside; consider fragrance; silence; music; lighting; pictures; photographs; nurse call bell accessible

Spiritual / Cultural needs:
- Staff just being at the bedside can be a sign of support and caring. Respectful verbal and nonverbal communication; use of listening skills; information and explanation of plan of care given
- Use of touch if appropriate
- Spiritual / Cultural / Emotional needs supported

Support:
- Offer food / drink / rest
- Check understanding of all visitors
- Listen and respond to worries and fears; provide age-appropriate information
- Use clear language; avoid euphemisms or jargon
- Allow the opportunity to reminisce
- Assess bereavement risk and refer as needed

6. ***DO NOT MINIMISE*** the **Additional Criteria** window; this will minimise the patient's chart.
7. Click the **X** in the top right-hand corner to return to **Managing Deterioration.**